

DISCLOSURE

FOR CHANGING COURT ORDERS ABOUT CHILDREN

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- You or the other party asked the court to change family court orders about your children.
- The judge scheduled a court date.

FOLLOW ALL THE INSTRUCTIONS ON YOUR “PRETRIAL ORDERS” OR “PREHEARING ORDERS” FROM THE JUDGE

This packet includes forms that might be listed on those Orders. Those Orders tell you which of these forms to use in your case, which to file with the Clerk of Court, what to give to the other party, and what to give to the Judge’s Assistant. Those Orders also tell you your deadlines for each of these things.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

***When you file this with this court, do not file any of the enclosures or attachments.
Those just go to the other party.***

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition for divorce,
legal separation, or parenting time:

Case Number: DO_____

DISCLOSURE STATEMENT

Respondent's Name:

**For Changing Court Orders About
Children**

WITNESSES:

If a witness isn't listed here, they won't be allowed at the court date.

I plan to bring these witnesses to the court date:

I reserve my right to call myself and witnesses from the other party's witness list as witnesses.

Witness Name: _____ **Phone Number:** _____

Address: _____

This witness's testimony will be [] only in a deposition or [] in person in court.

Detailed summary of what they'll say in court:

Witness Name: _____ **Phone Number:** _____

Address: _____

This witness's testimony will be ☐ only in a deposition or ☐ in person in court.

Detailed summary of what they'll say in court:

Expert Witness Name: _____ **Phone Number:** _____

Address: _____

What makes them an expert: _____

This witness's testimony will be ☐ only in a deposition or ☐ in person in court.

Detailed summary of what they'll say in court:

Have they prepared a report about what they'll say? ☐ Yes ☐ No

Name of person who has the report: _____

Address of person who has the report: _____

Expert Witness Name: _____ **Phone Number:** _____

Address: _____

What makes them an expert: _____

This witness's testimony will be ☐ only in a deposition or ☐ in person in court.

Detailed summary of what they'll say in court:

Have they prepared a report about what they'll say? ☐ Yes ☐ No

Name of person who has the report: _____

Address of person who has the report: _____

EXHIBITS:

I plan to bring these exhibits to the court date:

My most current Affidavit of Financial Information and Parent's Worksheet for Child Support Amount.

Description of each additional exhibit:

[illegible]

Sending To the Other Party: I'm sending the other party a copy of each exhibit listed above along with this Disclosure Statement. I'm also sending the other party all of the items listed in the box below for my case type.

For Changing Legal-Decision Making, Parenting Time, and/or the Children's Residence	For Changing Child Support Only
<ul style="list-style-type: none"> • A copy of any past or current protective order, and the petition that asked for it, involving me or the other party or one of our household members. • For any treatment I or the other party received for psychiatric or psychological issues, anger management, substance abuse, or domestic violence in the five years before the Petition was filed: the name and address of each treatment provider and the time period of the treatment. • The date, description, location, and documentation of any criminal charge against or conviction of me, the other party, or one of our household members in the ten years before the Petition was filed. • The date, description, location, and documentation of any Child Protective Services investigation or proceeding involving me or the other party or one of our household members in the ten years before the Petition was filed. • A copy of my most recently filed federal and state income tax returns, with all schedules. • A copy of my four most recent consecutive wage statements from all employment. • A copy of my most recent federal tax W-2, 1099, and K-1 forms. • A statement from my employer of the cost of medical and dental insurance coverage for our children. 	<ul style="list-style-type: none"> • A copy of my most recently filed federal and state income tax returns, with all schedules. • A copy of my four most recent consecutive wage statements from all employment. • A copy of my most recent federal tax W-2, 1099, and K-1 forms. • A statement from my employer of the cost of medical and dental insurance coverage for our children.

My Signature: _____

Fill Out This Form Together: Fill this out with the other party, unless there is domestic violence. If the other party won't fill this out with you, or if there's domestic violence, fill this out on your own to the best of your knowledge and leave the parts about the other party blank.

If you need more room, attach more paper.

Petitioner's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

Respondent's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Petition for divorce,
legal separation, or parenting time:

Case Number: DO _____

PRE-TRIAL STATEMENT

**For Changing Court Orders About Legal
Decision-Making or Parenting Time**

Respondent's Name:

- ☐ Joint (we filled this out together)
☐ Separate (I filled this out on my own and I am
the ☐ Petitioner ☐ Respondent)

MINOR CHILDREN:

Name	Birthdate
_____	_____
_____	_____
_____	_____

WITNESSES:

I plan to bring these witnesses to the court date:

I reserve my right to call myself and witnesses from the other party's witness list as witnesses.

Witness Name: _____ **Phone Number:** _____
Address: _____

This witness's testimony will be ☐ only in a deposition or ☐ in person in court.

Detailed summary of what they'll say in court:

Witness Name: _____ **Phone Number:** _____
Address: _____

This witness's testimony will be ☐ only in a deposition or ☐ in person in court.

Detailed summary of what they'll say in court:

Expert Witness Name: _____ **Phone Number:** _____
Address: _____

What makes them an expert: _____

This witness's testimony will be ☐ only in a deposition or ☐ in person in court.

Detailed summary of what they'll say in court:

Have they prepared a report about what they'll say? ☐ yes ☐ no

Name of person who has the report: _____

Address of person who has the report: _____

Expert Witness Name: _____ **Phone Number:** _____

Address: _____

What makes them an expert: _____

This witness's testimony will be ☐ only in a deposition or ☐ in person in court.

Detailed summary of what they'll say in court:

Have they prepared a report about what they'll say? ☐ yes ☐ no

Name of person who has the report: _____

Address of person who has the report: _____

Objections To Witnesses:

Petitioner objects to these witnesses listed by Respondent:

Witness Name	Why I Object
_____	_____
_____	_____
_____	_____

Respondent objects to these witnesses listed by Petitioner:

Witness Name	Why I Object
_____	_____
_____	_____
_____	_____

Length Of Trial:

How many total witnesses are listed by Petitioner and Respondent? _____. If needed based on that number of witnesses, the court should allow more than the time currently scheduled for trial.

EXHIBITS:

I plan to bring these exhibits to the court date:

My most current Affidavit of Financial Information and Parent's Worksheet for Child Support Amount.

Description of each additional exhibit:

Objections To Exhibits:

Exhibit Description	Petitioner or Respondent Objects to This Exhibit		Specific Reasons for the Objection
	Pet.	Resp.	
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
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DISCOVERY AND DISCLOSURE:

Each person signing this document has completed all pre-trial discovery and disclosure and delivered to the other party all exhibits and reports of expert witnesses who have been listed as witnesses.

SETTLEMENT:

“Settlement” means that the parties come to agree on all the terms of the case without a trial.

We have discussed settlement in good faith, or:

☐ We have not discussed settlement because:

STIPULATIONS OR AGREEMENTS:

Fill in the blanks only for the topics to be discussed at your court date:

		As Listed in the Following Document	Dated
We Agree on	Legal		
Petitioner Wants	Decision-		
Respondent Wants	Making		
	About the		
	Children		
We Agree on	Children's		
Petitioner Wants	Primary		
Respondent Wants	Residence		
We Agree on	Parenting		
Petitioner Wants	Time		
Respondent Wants			
We Agree on	Child		
Petitioner Wants	Support*		
Respondent Wants			

*including Children's Insurance and Health Expenses, and Tax Exemptions

CONTESTED AND UNCONTESTED FACTS:

"Contested Fact" means that the parties disagree whether something happened in a certain way or whether it's true. "Uncontested Fact" means that the parties agree that something happened or that it's true.

Fill in the blanks only for the topics to be discussed at your court date:

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
Legal Decision-Making		
About the Children		
Children's Primary		
Residence		

	Detailed and Concise Statement of Contested Facts	Uncontested Facts
Parenting Time	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
Child Support*	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

*including Children's Insurance and Health Expenses, and Tax Exemptions

Other Issues: We stand as follows on any terms of this case not listed above:

PROPOSED PARENTING PLAN:

[] Order This Parenting Time Plan:

The children will be in Father's care at these times:

At the start of Father's time with the children, [] Mother will drop them off or [] Father will pick them up at this time: _____ at this location: _____

The children will be in Mother's care at these times:

At the start of Mother's time with the children, [] Father will drop them off or [] Mother will pick them up at this time: _____ at this location: _____

While we understand the court may enforce this drop-off and pick-up schedule, we will be reasonably flexible about it.

Other scheduling arrangements:

[] During summer months or school breaks longer than four days not listed in the holiday schedule below, the children will be in [] Mother's or [] Father's care.

- ☐ We each are entitled to an annual _____-week vacation with the children. We will work out the details of the vacation at least _____ days in advance.
- ☐ Neither parent will travel with the children outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.
- We will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Mother	Father	Mother	Father
New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Mother will have the children on Mother's Day and Father will have the children on Father's Day.
- ☐ Each parent will have the children on that parent's birthday.
- ☐ On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the parent who has them for the weekend.

Holiday times will begin and end as follows: _____

Phone access:

- ☐ Each parent may contact the children by phone during the children's normal waking hours.
- ☐ Other: _____

Religion:

- ☐ Each parent may take the children to a place of worship of that parent's choice while the children are in that parent's care.
- ☐ The children may be instructed in the following faith: _____
- ☐ Religious arrangements do not apply to this Plan.

Communicating with each other: We will communicate with each other about the children ☐ by phone ☐ by email ☐ by text ☐ in person at least every _____ days.

We may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: We will review this Plan every _____ months and ask the court for any necessary or desired changes.

Other: _____

[] Order Supervised Parenting Time:

Unsupervised parenting time would endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid [] by the parent being supervised or [] by the custodial parent or [] equally by both parties.

[] Order No Parenting Time:

Even supervised parenting time with the other parent would endanger the children's physical, mental, moral, or emotional health because:

Date: _____

Petitioner's Signature: _____

Date: _____

Respondent's Signature: _____

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name on the Petition that started this case: _____ Case Number: DO _____

**AFFIDAVIT OF FINANCIAL
INFORMATION**

Respondent's Name: _____

I am the ☐ Petitioner or ☐ Respondent

INSTRUCTIONS:

DON'T LEAVE ANYTHING BLANK: If a question doesn't apply, write "NA" for "not applicable".
If you don't know the answer or are guessing, say that.

Round all amounts to the nearest dollar.

If there's not enough room for your answers, attach more paper.

After completing the form, **file the following with the court:**

- ☐ Affidavit of Financial Information
- ☐ Copies of your two most recent pay stubs
- ☐ If you're court-ordered to pay child support or arrears for children of other relationships: Proof of your payments over the last 12 months

And **give copies of the following to the other party:**

- ☐ Affidavit of Financial Information and any attachments
- ☐ Proof of your year-to-date income from all sources, including your two most recent pay stubs
- ☐ Complete copies of your federal income tax returns for the last three years with all schedules and attachments
- ☐ Your W-2 and 1099 forms from all sources of income for the last three years
- ☐ If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation: Complete copies of the business federal income tax returns for the last three years with all schedules and attachments

Are you sending copies of the items listed above to the other party? ☐ Yes ☐ No. If No, why not?

OATH:

I've read this Affidavit. The facts and financial information in it are true and correct. I understand that it might be perjury if I list false information. I understand that if I leave anything blank or list wrong information, the judge might order sanctions against me, including fees and expenses under Rule 31, Arizona Rules of Family Law Procedure.

Date: _____ My Signature: _____

GENERAL INFORMATION:

My Name: _____ Birthdate: _____

Current Address: _____

Last date that I and the other party lived together: _____

For married or divorced parties:

Date of Our Marriage: _____

Our divorce is ☐ pending or ☐ final. If final: Date of Divorce: _____

Children: These are all the children who are under 18 and are my and the other party's biological or adopted children:

Name	Birthdate	Last 4 Digits of Social Security Number

Household: These are all the people who live in my household:

Name	Relationship to Me	Birthdate	Gross Monthly Income

Other People I Support: These are all other people who I support and who are not already listed above:

Name	Relationship to Me	Age	Lives with Me? (Y/N)	I'm Court-Ordered to Support Them? (Y/N)

Attorney's Fees: Attorney's fees I've paid in this case: \$ _____

Where I got the money to pay those fees: _____

Employment:

My job/occupation/profession/title: _____

My current employer's name: _____

Current employer's address: _____

Date current employment began: _____

How often I'm paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month

☐ Other: _____

If I'm not working, it's because: _____

Previous employer's name: _____

Previous employer's address: _____

Previous job/occupation/profession/title: _____

Date previous job began: _____ Date previous job ended: _____

Why I left previous job: _____

Gross monthly pay at previous job: \$ _____

Total gross income from last three years' tax returns:

Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____

My total gross income from January 1 of this year to the date of this Affidavit: \$ _____

Education/Training:

	School Name	# of Years There	Last Year There	Degree Earned
High School				
College				
Post-Graduate				
Occupational Training				

INCOME:

Gross Monthly Income:

What to list: List all income you receive from any source, whether private or governmental, taxable or not. List all income payable to you individually and all non-wage income payable jointly to you and your spouse.

Monthly average: Use a monthly average for items that change from month to month.

Monthly total for weekly or biweekly income: Multiply weekly income by 4.33 to get the monthly total. Multiply income received every other week by 2.165 to get the monthly total.

Gross monthly salary/wages \$ _____

Rate of Pay: \$ _____ per ☐ hour ☐ week ☐ month ☐ year

Expenses my employer pays for:
Include all amounts your employer reimburses you for, including travel for work and to distant job sites, per diem, and living expenses for time spent at another job site.

 Automobile provision or allowance..... \$ _____

 Auto expenses, such as gas, repairs, and insurance \$ _____

 Lodging \$ _____

 Other (explain): _____ \$ _____

Commissions/Bonuses \$ _____

Tips \$ _____

Self-employment income \$ _____

Social Security benefits..... \$ _____

Worker's compensation and/or disability income \$ _____

Unemployment compensation \$ _____

Gifts/Prizes..... \$ _____

Spousal support (alimony) payments from a previous marriage \$ _____

Rental income (net after expenses) \$ _____

Contributions to household living expenses by others \$ _____

Other (explain): *Include dividends, pensions, interest, trust income, annuities, etc.* _____ \$ _____

_____ \$ _____

Total Gross Monthly Income: \$ _____

Monthly child support I receive for my children from other relationships who live with me:
 \$ _____

Self-Employment:

Fill out this section if: Fill out this section only if you are self-employed, a member of a partnership, or a shareholder of a closely held corporation.

Business name: _____

Business address: _____

Business phone number: _____

Type of business entity: _____

State and date of incorporation/formation: _____

Nature of my interest: _____

Nature of business: _____

Percent ownership: _____

Number of shares of stock: _____

Total issued and outstanding shares: _____

Gross sales/revenue over the last 12 months: _____

EXPENSES:

Monthly Expenses for Children We Have in Common:

Fill out this section if: Fill out this section only if you and the other party have biological or adopted children together under age 18 or 18 and still in high school.

What to list: List only expenses that you pay yourself for those children.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk () next to the amount.*

Health Insurance:

Total monthly cost \$_____

Premium cost to insure just me and not the children: \$_____

Premium cost to insure just the children and not me: \$_____

You must list these premium costs. You can get them from your Human Resources Department.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Do you have health insurance available to you? ☐ Yes ☐ No

If Yes, are you enrolled in that insurance? ☐ Yes ☐ No

Dental/Vision Insurance:

Total monthly cost \$_____

Premium cost to insure just me and not the children: \$_____

Premium cost to insure just the children and not me: \$_____

You must list these premium costs. You can get them from your Human Resources Dept.

Names of all people covered by my insurance:

Name of insurance company and Policy/Group Number:

Unreimbursed Medical And Dental Expenses:

This is the cost to you that insurance doesn't reimburse.

Co-payments \$ _____
Drugs and medical supplies \$ _____
Other (*explain*): \$ _____

Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed Medical And Dental Expenses:	\$ _____
-------------------------------------------------------------------------------------------------------------------------	-----------------

Employer Pretax Program:

Do you participate in an employer program for pretax payment of child care expenses ("Cafeteria Plan")? ☐ Yes ☐ No

Child Care Costs:

Total monthly child care costs (*do not include amounts that DES pays*) \$ _____
Names of children receiving child care and cost per child:

Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____
Name: _____ \$ _____

Child care providers:

Name	Address

Extraordinary Expenses:

Monthly amount of extraordinary expenses for gifted or handicapped children (*explain*): \$ _____

Total B: Total Of Child Care Costs and Extraordinary Expenses	\$ _____
----------------------------------------------------------------------------	-----------------

Monthly Expenses From Other Relationships:

Court-Ordered Support For Children Of Other Relationships:

These are all the children under age 18, or 18 and still in high school, who I support or who live with me and who are not the other party's children:

Name	Relationship to Me

Monthly amount of child support I'm court-ordered to pay for children of other relationships \$_____

Monthly amount of arrears I'm court-ordered to pay for children of other relationships \$_____

Monthly amount of that child support and those arrears that I actually paid over the last 12 months: \$_____

Court-Ordered Spousal Support (Alimony) From Previous Marriages:

Monthly amount of court-ordered spousal support I actually pay to spouses from previous marriages \$_____

Total C: Total Of Expenses From Other Relationships \$_____

My Monthly Expenses:

Fill out this section if: Fill out the "My Monthly Expenses" section only if either party asked for any of the following:

- spousal support
- temporary division of bills
- attorney's fees and costs
- deviation from the child support guidelines
- enforcement of previous court orders

What to list: List your own expenses. Do not list expenses for the other party or for children who live with the other party unless you are paying those expenses yourself.

Monthly average: Use a monthly average for items that change from month to month.

Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk (*) next to the amount.

Housing:

House payment:
First mortgage \$ _____
Second mortgage..... \$ _____
Homeowners association fee..... \$ _____
Rent \$ _____
Repair and upkeep..... \$ _____
Yard work/Pool/Pest control..... \$ _____
Insurance and taxes not included in house payment..... \$ _____
Other (explain): _____ \$ _____

Total Housing Expenses: \$ _____

Utilities:

Water, sewer, and garbage \$ _____
Electricity \$ _____
Gas \$ _____
Telephone..... \$ _____
Mobile phone/pager \$ _____
Internet provider..... \$ _____
Cable/Satellite television \$ _____
Other (explain): _____ \$ _____

Total Utilities Expenses: \$ _____

Food:

Food, milk, and household supplies..... \$ _____
School lunches \$ _____
Meals outside the home \$ _____

Total Food Expenses: \$ _____

Clothing:

Clothing for me \$ _____
Uniforms or special work clothes \$ _____
Clothing for children living with me \$ _____
Laundry and dry-cleaning \$ _____

Total Clothing Expenses: \$ _____

Transportation:

Car insurance \$ _____
These are all the cars and people covered by that insurance:

Car payment \$ _____
Car repair and maintenance \$ _____
Gas and oil \$ _____
Bus fare/parking fees \$ _____
Other (*explain*): \$ _____

Total Transportation Expenses: \$ _____

Miscellaneous:

School and school supplies \$ _____
School activities or fees \$ _____
Children's extracurricular activities..... \$ _____
Church/contributions..... \$ _____
Newspapers, magazines, and books..... \$ _____
Barber and beauty shop..... \$ _____
Life insurance (beneficiary's name: _____) \$ _____
Disability insurance \$ _____
Recreation/entertainment \$ _____
Children's allowances \$ _____
Union/Professional dues \$ _____
Voluntary retirement contributions and savings deductions..... \$ _____
Family gifts \$ _____
Pet expenses \$ _____
Cigarettes \$ _____
Alcohol..... \$ _____
Extraordinary expenses for you (*list any unusual expenses for yourself that are unique to your family and not listed anywhere else on this form*): \$ _____

Total Miscellaneous Expenses: \$ _____

Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses	\$ _____
---------------------------------------------------------------------------------------------------------------	-----------------

Other Debts:

List all debts and installment payments you currently owe and are paying that are not already listed above.

Creditor Name	Purpose of Debt	Unpaid Balance	Amount of Last Payment	Date of Last Payment	Minimum Monthly Payment

Total E: Total Of Minimum Monthly Payments for Other Debts \$_____

Total of All Monthly Expenses *(Add together Totals A, B, C, D, and E, and enter the total here)*..... \$_____

INSTRUCTIONS

PARENT'S WORKSHEET FOR CHILD SUPPORT

This worksheet provides the information the court needs to determine child support amounts in accordance with Arizona's Child Support Guidelines. You may download a copy of the guidelines from the Arizona Judicial Branch webpage at <http://www.azcourts.gov/selfservicecenter/Home.aspx> or see your county Clerk of Superior Court or Self-Service Center for a copy.

A new web-based child support calculator is also available on the Supreme Court's website at <http://www.azcourts.gov/familylaw/2015ChildSupportCalculator.aspx> along with other links to child support-related resources.

COMPLETE THIS WORKSHEET IF:

- You are a party to a court action to establish a child support obligation or to modify an existing order for child support.

TO COMPLETE THIS WORKSHEET YOU WILL NEED TO KNOW:

- Your case number and the ATLAS number, if known.
- The monthly gross income of both parents (actual, estimated or attributed).
- The monthly cost of medical, dental and vision insurance for the children who are the subject of this action.
- Monthly childcare amounts paid to others by each parent.
- Identify the parenting time-sharing arrangement: essentially equal, or the child or children are mostly with father, or mostly with mother.
- Monthly obligations of each parent for child support or court-ordered spousal maintenance.

These instructions are numbered to match the identifying numbers on the Parent's Worksheet for Child Support. Please type or print neatly using black ink.

- (1) Fill in the name, address, and phone number of the person filing the form. DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF YOU ARE REQUESTING ADDRESS PROTECTION. Do not disclose a new address protected under Rule 7 of the Arizona Rules of Family Law Procedure (ARFLP) or other state law, or while an application to protect that address is pending. Indicate if the petitioner or the respondent is the person filing, and whether or not the person is self-represented or represented by an attorney.
- (2) Fill in the name of the county that has jurisdiction of this matter.
- (3) Type or print the name of the person shown as the Petitioner on the original petition to establish support or on the order that established support.
- (4) Type or print the name of the person shown as the Respondent on the original petition to establish support or on the order that established support.
- (5) Type or print the case number assigned to your case. If you do not have a case number, leave this item blank.
- (6) Type or print the ATLAS number, if one has been assigned to your case; otherwise leave this item blank.

- (7) Type or print the name of the person filing the worksheet.
- (8) Type or print the date this worksheet was prepared.
- (9) Check the box indicating the person or entity preparing the worksheet.
- (10) Check the box indicating the applicable time-sharing arrangement. If the children spend most of the time with one of the parents, check the applicable box indicating "Mostly with Father" or "Mostly with Mother."
- (11) Type or print the child(ren's) name(s) (first, middle initial, and last name) from this relationship for whom support is being requested. Type or print each child's date of birth and corresponding age.
- (12) Where did you get the figures you are supplying for the other party? Check the box to indicate whether those numbers are actual, estimated or attributed. [See Guidelines 5.E.] Examples of **estimated** income: He was promoted to supervisor and I know that position pays more; she has the same job as my sister, who works at the same place and makes this amount. Example of **attributed** income: My ex-wife was a secretary earning \$1500/month. Now she has remarried and is staying home as a homemaker.

GROSS MONTHLY INCOME

- (13) Type or print the gross monthly income for each parent. [See Guidelines Section 5]
- "Gross income" is the total amount before any deductions.
 - To convert weekly "gross income" to "monthly gross income", multiply the weekly amount by 4.33 (52 weeks divided by 12 months = 4.33 average weeks in a month).
 - To convert bi-weekly "gross income" to "monthly gross income" multiply the bi-weekly amount by 2.165 (26 weeks divided by 12 months = 2.165 average pay periods in a month).

Gross income includes monies from:

- | | |
|----------------------------------|-----------------------------------|
| • Salaries | • Self-employment |
| • Bonuses | • Severance Pay |
| • Worker's Compensation Benefits | • Unemployment Insurance Benefits |
| • Wages | • Income from a Business |
| • Dividends | • Pensions |
| • Disability Insurance | • Rental Income |
| • Annuities | • Prizes |
| • Royalties | • Social Security Benefits |
| • Commissions | (Subject to Section 26) |
| • Capital Gains | • Trust Income |
| • Interest | • Recurring Gifts |

For income from self-employment, rent, royalties, proprietorship of a business, joint ownership of a partnership or closely held corporation, gross income means gross receipts minus ordinary and necessary expenses required to produce income. What is included as "ordinary and necessary expenses" may be adjusted by the court, if deemed inappropriate for determining gross income for child support. Ordinary and necessary expenses also include one-half of the self-employment tax actually paid.

Gross monthly income does not include:

- Income of a parent's new spouse. Only income of persons having a legal duty of support shall be treated as income under the guidelines.
- Benefits from public assistance programs such as Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), Nutritional Assistance (formerly known as Food Stamps) and General Assistance (GA).
- Child support payments received.

If a parent is unemployed or underemployed, you may ask the court to attribute income to that parent by entering the amount of what you think that parent would be earning if he or she worked at full earning capacity. The court shall presume, in the absence of contrary testimony, that a noncustodial parent is capable of full-time employment at least at the federal adult minimum wage. [Guidelines Section 5.E.] This presumption does not apply to noncustodial parents under the age of eighteen who are attending high school. If gross income is attributed to the parent receiving support, appropriate childcare expenses may also be attributed.

If completing this Parent's Worksheet as part of a simplified modification proceeding and income is different from the court's most recent findings, documentation must be attached to verify current income.

The documentation should include: the most recent tax return, W-2, or 1099 forms and the most recent paycheck stub showing year-to-date information. If these are not available, provide other documentation such as a statement of earnings from employer(s) showing year-to-date income.

If completing this Parent's Worksheet as part of a simplified modification proceeding and the income shown for the other party is different from that listed on the court's most recent findings regarding income of that parent, documentation must be attached or an explanation must be provided to prove how the amount shown was estimated or attributed to that parent.

ADJUSTMENTS TO GROSS MONTHLY INCOME [Guidelines Sections 2.C., 6 and 6.A.]

- (14) Type or print the total monthly amount of court-ordered spousal maintenance each parent actually pays from any previous marriage and/or pays or will pay from this marriage.
- (15) Type or print the total monthly amount of court-ordered spousal maintenance each parent actually receives from any previous marriage and/or receives or will receive from this marriage.
- (16) If either parent is a custodial parent of a child or children from another relationship who is the subject of a child support order, an adjustment is made based upon a "simplified application" of the guidelines as described below. Type or print the adjustment.

Example of the "Simplified Application":

A parent has a gross monthly income of \$2,000, and one child who is the subject of a child support order. To use the simplified application of the guidelines, locate \$2,000 in the Combined Adjusted Gross Income column of the Schedule of Basic Child Support Obligations. Select the amount in the column for one child, \$418.

The parent's income will be reduced by \$418, resulting in an adjusted gross income of \$1,582.

- (17) If either parent is a noncustodial parent of a child or children from another relationship who is the subject of a child support order, an adjustment is made in the amount of the court order if actually being paid. No adjustment will be made for court-ordered arrearage payments. Type or print the adjustment.
- (18) If either parent has a natural or adopted child(ren) from another relationship who is not the subject of a child support order, the court may consider an adjustment to gross income. The adjustment amount is either determined by a "simplified application of the guidelines," or, if less than the standard deduction, an alternate deduction amount that is actually being paid. Type or print the adjustment.

Example of the "Simplified Application":

A parent has a gross monthly income of \$3,000, and two children who are not the subject of a child support order. To use the Simplified Application of the Guidelines, locate \$3,000 in the Combined Adjusted Gross Income column of the Schedule of Basic Child Support Obligations. Select the amount in the column for two children, \$863. The parent's income may be reduced by up to \$863, resulting in an Adjusted Gross Income of \$2,137.

Examples of an Alternate Deduction:

A parent has a gross monthly income of \$3,000, and two children who are not the subject of a child support order. The standard deduction is \$863 (determined by the Simplified Application of the Guidelines); however, parent actually pays \$500 a month for support of these two children. An adjustment of \$500 is included in the worksheet.

A parent has a gross monthly income of \$3,000, and two children who are not the subject of a child support order. The standard deduction is \$863 (determined by the Simplified Application of the Guidelines); however, parent actually pays \$1,200 a month for support of these two children. An adjustment of \$863 is included in the worksheet, because no amounts larger than the standard deduction may be included.

ADJUSTED GROSS INCOME [See Guidelines Section 7]

- (19) Add the amounts in (10) and (12), then subtract the amounts in (11), (13), (14), and (15) for each parent. Type or print the answer.

COMBINED ADJUSTED MONTHLY GROSS INCOME [See Guidelines Section 7]

- (20) Add the two amounts in (16) together (Father's adjusted gross income and Mother's adjusted gross income). Type or print the amount.

BASIC CHILD SUPPORT OBLIGATION [See Guidelines Section 8]

- (21) On the Schedule of Basic Child Support Obligations, locate the amount that is closest to the combined adjusted monthly gross income in (17). Go to the column for the number of children who are subject of this order. Type or print this amount. If the parents' income falls exactly in between two combined adjusted gross income amounts, round up to the nearest combined adjusted income entry on the Schedule of Basic Child Support Obligations.

ADDITIONS TO CHILD SUPPORT OBLIGATION

(Place amounts in the column for the parent paying the expenses.)

(22) Children over age 12 [Guidelines Section 9.B.4.]

If there are no children aged 12 or over, enter "0" and skip to (20). Average expenditures for children 12 or older are approximately 10% higher than those for younger children; therefore the guidelines allow an adjustment of up to 10% to account for these higher costs. If support is being determined for children age 12 or older, type or print the number of children age 12 or older; then type or print the percentage of adjustment (1-10 percent) being requested in the box shown.

- If all children are age 12 or over:
 - Multiply the basic child support obligation (18) by the percentage adjustment (1–10%), which results in the monthly dollar amount of increase.
 - Type or print this amount in the blank with the "\$".
- If one or more, but not all children are age 12 or older:
 - Divide the basic child support obligation (15) by the total number of children.
 - Multiply that amount by the number of children age 12 or over.
 - Then multiply that amount by the percentage adjustment (1–10%), which results in the monthly dollar amount of increase.
 - Type or print this amount in the blank with the "\$".

EXAMPLE A:

All children are age 12 or older, basic child support obligation is \$300 and a 10% adjustment is being requested:

Multiply basic child support obligation of \$300 by the 10% adjustment which equals \$30.
$$\$300 \times .10 = \$30$$

EXAMPLE B:

Support is being requested for three children, two of those children are age 12 or older. The basic child support obligation is \$300 and a 10% adjustment is being requested:

Divide Basic Child Support Obligation of \$300 by 3 children which equals \$100.
$$\$300 \div 3 = \$100$$

Multiply the answer of \$100 by 2 children which equals \$200.
$$\$100 \times 2 = \$200$$

Multiply the answer of \$200 by the 10% adjustment which equals \$20.
$$\$200 \times .10 = \$20$$

(23) Medical, Dental, and Vision Insurance [Guidelines Section 9.A.]

For each parent type or print the monthly dollar amount of that portion of the insurance premium that is or will be paid for court-ordered medical, dental, and vision care insurance for the child(ren) in this case.

(24) Childcare Costs [Guidelines Section 9.B.1]

If the custodial parent is working or if income is attributed to the custodial parent, check the box indicating whether childcare is paid for one or more than one child; then type or print the monthly cost of work-related childcare the custodial parent pays. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost. If appropriate, adjust for the federal childcare tax credit.

If the non-custodial parent pays for work-related childcare during their parenting time, the amount paid by that parent may also be included. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost.

(25) Education Expenses [Guidelines Section 9.B.2.]

Type or print the monthly reasonable and necessary expenses for attending private or special schools and special educational activities. These expenses must be agreed upon by both parents or ordered by the court.

(26) Extraordinary Child [Guidelines Section 9.B.3.]

If any of the children for whom support is being requested are gifted or handicapped and have special needs, type or print the monthly costs of meeting those needs.

SUBTOTAL

(27) Add items **(19)** through **(23)** for each parent and type or print the answer in line **(24)**.

TOTAL ADJUSTMENTS FOR COSTS

(28) Add the amounts for both parents from **(24)** to the amount from **(19)**. Type or print the answer in line **(25)**.

TOTAL CHILD SUPPORT OBLIGATION

(29) Add the amounts from **(18)** and **(25)**. Type or print the total amount.

EACH PARENT'S PROPORTIONATE PERCENTAGE (%) OF COMBINED INCOME

[Guidelines Section 10]

(30) For each parent, divide the amount in **(16)** (Adjusted Gross Income) by the amount in **(17)** (Combined Adjusted Gross Income). Type or print each parent's percentage. If one parent earns all of the income, this answer will be 100%.

EXAMPLE:	Mother	Father
Adjusted Gross Income (16)	\$600	\$400
Combined Adjusted Gross Income (17)	\$1000	

$\$600 \div \$1,000 = .60$ or 60% is Mother's percentage

$\$400 \div \$1,000 = .40$ or 40% is Father's percentage

EACH PARENT'S PROPORTIONATE SHARE OF THE TOTAL CHILD SUPPORT OBLIGATION

(31) For each parent, multiply the amount in **(26)** by the number for that parent in **(27)**. This equals the dollar amount of each parent's share of the total child support

obligation. Type or print each parent's share of the child support obligation.

EXAMPLE:	Mother	Father
Total child support obligation (26)	\$189	
Percentage of combined income (27)	60%	40%

$\$189 \times .60 = \113.40 is Mother's share of the total support obligation

$\$189 \times .40 = \75.60 is Father's share of the total support obligation

LESS PAYING PARENT'S COSTS

(32) For the parent who is or will be ordered to pay child support type or print the amount from **(24)**.

ADJUSTMENT FOR COSTS ASSOCIATED WITH PARENTING TIME [Guidelines Section 11]

(33) To adjust for costs associated with parenting time, first determine the total number of parenting time days indicated in a court order or parenting plan or by the expectation or past practice of the parents. Using the definitions below, add together each block of parenting time to arrive at the total number of parenting time days per year. Only time spent with the noncustodial parent is considered; time that the child is in school or in childcare is not considered.

For purposes of calculating parenting time days:

- A. A period of 12 hours or more counts as one day.
- B. A period of 6 to 11 hours counts as a half-day.
- C. A period of 3 to 5 hours counts as a quarter-day.
- D. Periods of less than 3 hours may count as a quarter day if, during those hours, the noncustodial parent pays for routine expenses of the child, such as meals.

Based on the information below, check the box to indicate whether "Parenting Time Table A" or "Parenting Time Table B" applies.

"Parenting Time Table A" applies when the number of parenting time days approaches equal time sharing (143 days and above) and certain costs usually incurred only in the custodial household are assumed to be substantially or equally shared by both parents. These costs are for items such as the child's clothing and personal care items, entertainment, and reading materials. Parenting Time Table A applies unless the court finds that costs are not substantially or equally shared in each household.

"Parenting Time Table B" applies only when the custodial parent can prove to the court that the costs are not substantially or equally shared in each household.

PARENTING TIME TABLE A			
Number of Visitation Days	Adjustment Percentage	Number of Visitation Days	Adjustment Percentage
0 – 3	0	116 - 129	.195
4 – 20	.012	130 - 142	.253
21- 38	.031	143 – 152	.307

PARENTING TIME TABLE A			
39 - 57	.050	153 – 162	.362
58 - 72	.085	163 - 172	.422
73 - 87	.105	173 – 182	.486
88 - 115	.161		

PARENTING TIME TABLE B	
Number of Visitation Days	Adjustment Percentage
143 - 152	.275
153 – 162	.293
163 – 172	.312
173 - 182	.331

- Check the box to indicate whether Table A or Table B applies in **(30.)**
- Type or print total number of parenting time days.
- Type or print the percentage adjustment from the appropriate table.
- Multiply the percentage by the amount listed for **(18)**. Type or print the answer in the column for the noncustodial parent.

EXAMPLE:

The Basic Child Support Obligation **(18)** is \$425. The noncustodial parent has parenting time with the children a total of 100 days. On "Parenting Time Table A", the range of days for this amount of parenting time is 88 to 115 days. The corresponding adjustment percentage is .161. Multiply the \$425 Basic Child Support Obligation by .161 (16.1%). The resulting amount of \$68 is entered in **(30)** in the column for the noncustodial parent.

$$\$425 \times .161 = \$68$$

ADJUSTMENTS SUBTOTAL

(34) For the paying parent, add the amounts in **(29)** and **(30)**. Type or print the answer.

PRELIMINARY CHILD SUPPORT AMOUNT

(35) For noncustodial parent: Subtract the amount in (31) from (28). Type or print the answer.

For custodial parent: Type or print the amount from **(28)**.

SELF SUPPORT RESERVE TEST FOR PAYING PARENT [Guidelines Section 15]

(36)

- Type or print the paying parent's adjusted gross income from **(16)**.
- The court may subtract from the paying parent's adjusted gross income **(16)** court-ordered arrears on child support for children of other relationships or spousal maintenance, if actually paid. If applicable, type or print that monthly amount.
- Subtract paid arrears and \$1,115 from **(16)**.
- Type or print the answer in the column for the paying parent.

CHILD SUPPORT AMOUNT TO BE PAID

- (37) Check the box indicating which parent will be ordered to pay child support and type or print the dollar amount from **(32) or (33)** for the paying parent. If the resulting amount is less than the preliminary child support amount **(32)**, the court may reduce the child support amount after considering the financial impact the reduction would have on the custodial household.

RESPONSIBILITY FOR TRAVEL EXPENSES ASSOCIATED WITH PARENTING TIME

[Guidelines Section 18]

- (38) Type or print the percentage you think each parent should pay toward the child(ren)'s travel expenses involving travel of more than 100 miles, one-way. The court will decide how to allocate the expense, but you may use the percentages listed in **(24)** as a guide. The allocation of expense does not change the amount of the support ordered in **(31)**.

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE [Guidelines Section 9.A.]

- (39) Type or print the percentage you think each parent should pay toward uninsured medical, dental and vision expenses for the child(ren). The court will decide how to allocate the expense, but you may use the percentages listed in **(27)** as a guide. The allocation of expense does not change the amount of the support ordered in **(34)**.

NOTE: DEVIATION FROM THE GUIDELINES AMOUNT [Guidelines Section 20]

If you believe the amount of child support shown on this worksheet is too low or too high, the court may deviate from the guidelines and order a different amount, if the amount on the worksheet is found to be unjust or inappropriate. A deviation can only be ordered if the court makes appropriate findings based upon evidence presented by either party or agreement of the parties.

For Clerk Use Only

Gross Monthly Income (13)

Spousal maintenance paid (14)

Spousal maintenance received (15)

Custodial parent of other children subject of court order(s) (16)

[] Father [] Mother

Court-ordered child support paid for children of other relationships (17)

Other natural or adopted children not subject of court order(s) (18)

[] Father [] Mother

Standard deduction

Alternate Deduction

(only if less than standard deduction)

Adjusted Gross Monthly Income (19)**Combined Adjusted Gross Income (20)****Basic Child Support Obligation for [] children (21)****Additions:**

Adjusted for [] children over age 12 at []% (22)

Medical, dental and vision insurance paid (23)

Monthly childcare costs (24) for [] child(ren)

Less federal tax credit allowed to custodian at []%

Extra education expenses paid (25)

Extraordinary (gifted or handicapped) child expenses paid (26)

Subtotal (27)**Total Adjustments for Costs (28)****Total Child Support Obligation (29)****Each parent's proportionate percentage of combined income (30)****Each parent's proportionate share of the total support obligation (31)****Less paying parent's costs (32)****Costs associated with parenting time (33): Table A []**

No. of days _____

Line (18) x _____%

Adjustments subtotal (34)**Preliminary Child Support Amount (35)****Father****Mother**

\$ _____

\$ _____

\$- _____

\$- _____

\$+ _____

\$+ _____

\$- _____

\$- _____

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\$ _____

\$ _____

\$ _____

_____ %

_____ %

\$ _____

\$ _____

\$ _____

\$ _____

Table B []

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Case No. _____

Self-Support Reserve Test for Payor (36)

Line (16) \$ _____

Less paid arrears \$ _____

Less \$1,115

Father

Mother

\$ _____

\$ _____

Child support amount to be paid by (37):

☐ Father ☐ Mother

\$ _____

\$ _____

Travel related to parenting time (38)

_____ %

_____ %

Medical, dental, and vision costs not paid by insurance (39)

_____ %

_____ %

EXHIBITS COVER PAGE

Case Number: DO_____

On the Petition for divorce, legal separation, or parenting time that first started this case,
I'm listed as the: ☐ Petitioner ☐ Respondent

Date and Time of the Court Date: _____

My Case is in Division:

[] 1 -- Judge Hatch

[] 2 -- Judge Slayton

[] 3 -- Judge Moran

[] 4 -- Judge Fridlund-Horne

[] 5 -- Judge Nichols

[] 6 -- Judge Reed

Description of each exhibit:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.